

As you may know, updated [Clinical Practice Guidelines for the Treatment of Drug-Susceptible Tuberculosis](#) were released in August of this year. These guidelines were developed by the American Thoracic Society, The CDC, and the Infectious Diseases Society of America; they provide recommendations for the clinical and public health management of tuberculosis (TB) in children and adults in high resourced settings such as the United States.

The new practice guidelines contained the following recommendation on the use of intermittent dosing in the continuation phase of tuberculosis treatment (pp. 17- 19):

*Recommendation 4b:* If intermittent therapy is to be administered in the continuation phase, then we suggest the use of thrice-weekly instead of twice-weekly therapy (*conditional recommendation; low certainty in the evidence*). This recommendation allows for the possibility of some doses being missed; with twice-weekly therapy, if doses are missed then therapy is equivalent to once weekly, which is inferior.

**We have received a number of inquiries from district staff about this updated recommendation.** The regimen most commonly used here in Virginia for treating adults with drug-susceptible TB consists of an intensive phase of two months of daily (i.e., 5 times/week) directly observed therapy (DOT) with isoniazid, rifampin, pyrazinamide, and ethambutol followed by a continuation phase of four months of isoniazid and rifampin. Consistent with previous TB treatment guidelines, the Virginia TB Control program has supported the use of twice-weekly continuation phase dosing when delivered by DOT for over ten years.

Following conversations with the director of the CDC's Division of Tuberculosis Elimination on the strength of the research supporting this new recommendation and his guidance on the implementation thereof, the **Division of TB Control and Newcomer Health recommends the following:**

- **Continue to offer twice-weekly continuation phase medication dosing by DOT for patients in your districts with drug-susceptible pulmonary tuberculosis as appropriate.**
- **Twice-weekly continuation phase dosing is NOT appropriate for patients who:**
  - Miss doses AND are not able to make up those doses within 24 hours;
  - Self-administer their medications;
  - Have Diabetes or are HIV(+);
  - Have drug-resistant TB or are on a second line TB treatment regimen for any other reason.

Other treatment scenarios may be discussed with TB Control or our TB physician consultants on a case by case basis.

I have provided a link to a [Summary of Highlights from the 2016 Treatment of Drug-Susceptible Tuberculosis Guidelines](#) for your review.

Please do not hesitate to contact me with any questions or concerns that you may have

